

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

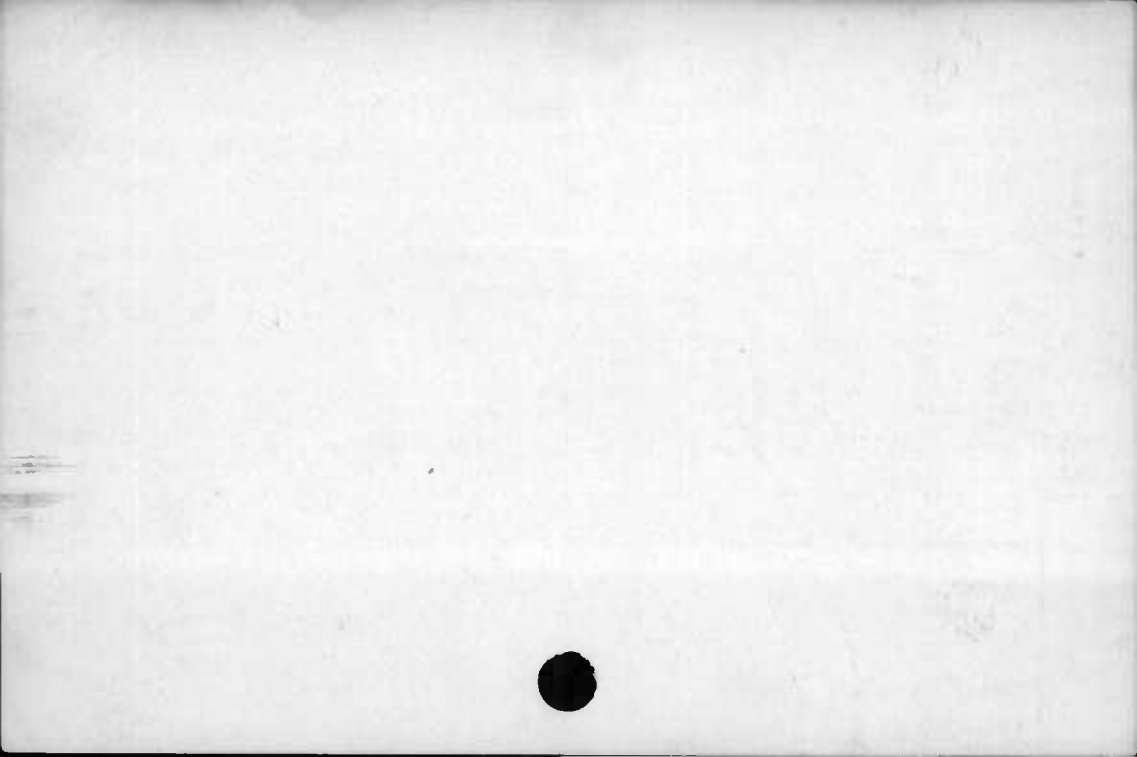
MARYLAND

Died at *Wilson Beck*  
Town *Perryville* County *Cecil*Date of death *1906* Month *Sept* Day *11* Age *27* Years Months DaysSex *Male* Color or Race *White* Birth-place *Columbia Pa*Occupation *Fisherman* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Blanche Beck*Father's Name *Wm Beck* Father's Birthplace *Pa*Mother's Maiden Name *Elizabeth Brooks* Mother's Birthplace *Pa*Name of person giving information *Elizabeth Beck* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Typhoid fever* How long *2 weeks*Immediate  
Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Geo. M. Humph*  
Address *Perryville Pa*

Accident or Suicide?



Name  
In  
Full

*Harry Bonchellen*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester City</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>22</i>	Age <i>51</i>	Years	Months <i>10</i>	Days <i>22</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chester City</i>				
Occupation <i>Merchant</i>			Where Residing if not at place of death <i>X</i>				
Married, <del>Single</del> <del>Widowed</del>			Name of Wife or <del>Husband</del> <i>Ida Bonchellen</i>				
Father's Name <i>Peter A. Bonchellen</i>			Father's Birthplace <i>Cecil</i>				
Mother's Maiden Name <i>Sarah E. Parier</i>			Mother's Birthplace <i>Cecil Co</i>				
Name of person giving information <i>Mrs. Ida Bonchellen</i>			How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arteriosclerosis</i>	<i>(81)</i>	How long <i>about 3 years</i>
Immediate <i>exhaustion</i>		How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. E. Karsner</i>
		Address <i>Chester City Md.</i>
Accident or Suicide?		



Name  
in  
Full

Ralph Bruner

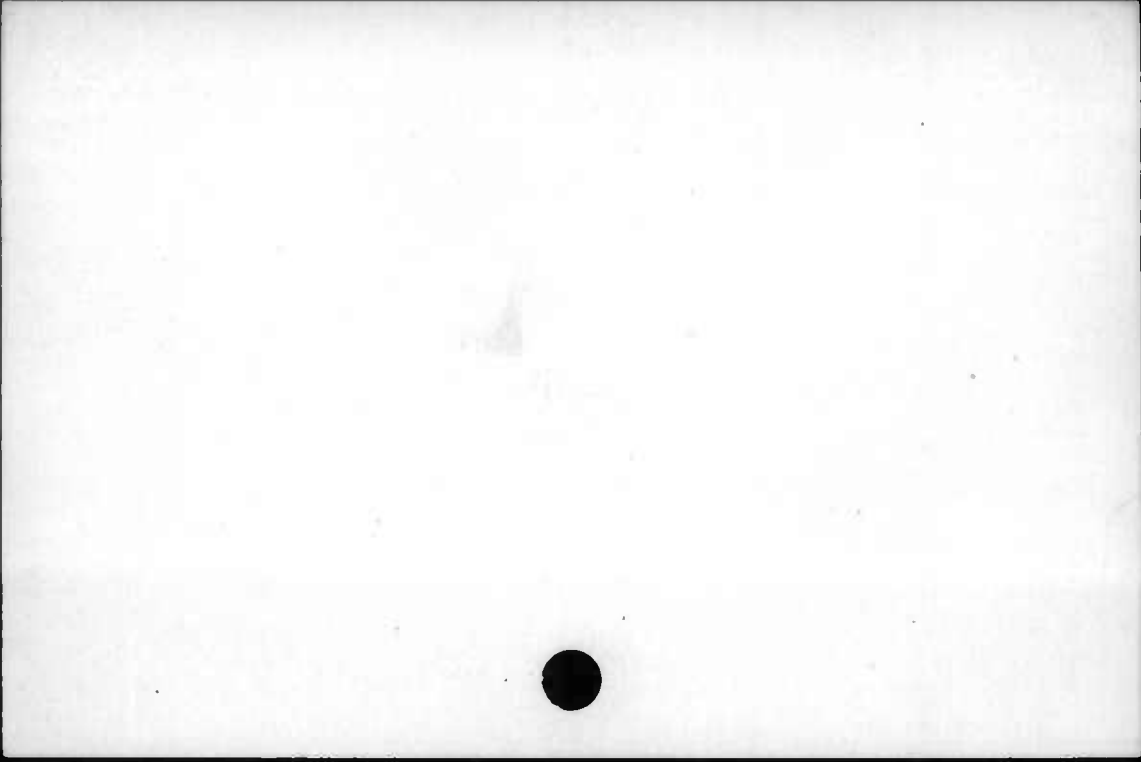
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Blessingsville City		County Aile		MARYLAND	
Date of death		1906	Month Sept.	Day Eight	Age	Years 4	Months 26
Sex Male		Color or Race White		Birthplace Chesapeake City			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Noble Bruner		Father's Birthplace Chesapeake City					
Mother's Maiden Name Ada Allen		Mother's Birthplace " "					
Name of person giving information Mrs C. Dunbar		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Primary Purpura	How long	4 weeks
	Immediate	Purpura Haemorrhagica	How long	4 days.
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		O. L. Law, M.D.	
		Address		Blessingsville City, Md.
Accident or Suicide?				



Name  
in  
Full

Francis E Pethus

4818

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Audora</u> Town		<u>Acil</u> County		MARYLAND	
Date of death	1906	Month	Sept	Day	29
Age		Years	3	Months	
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Stone Mason		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Pethus			Father's Birthplace	Ind
Mother's Maiden Name	Mary Pennock			Mother's Birthplace	Ind
Name of person giving information	Samuel Pennock			How related to deceased	Cousin

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

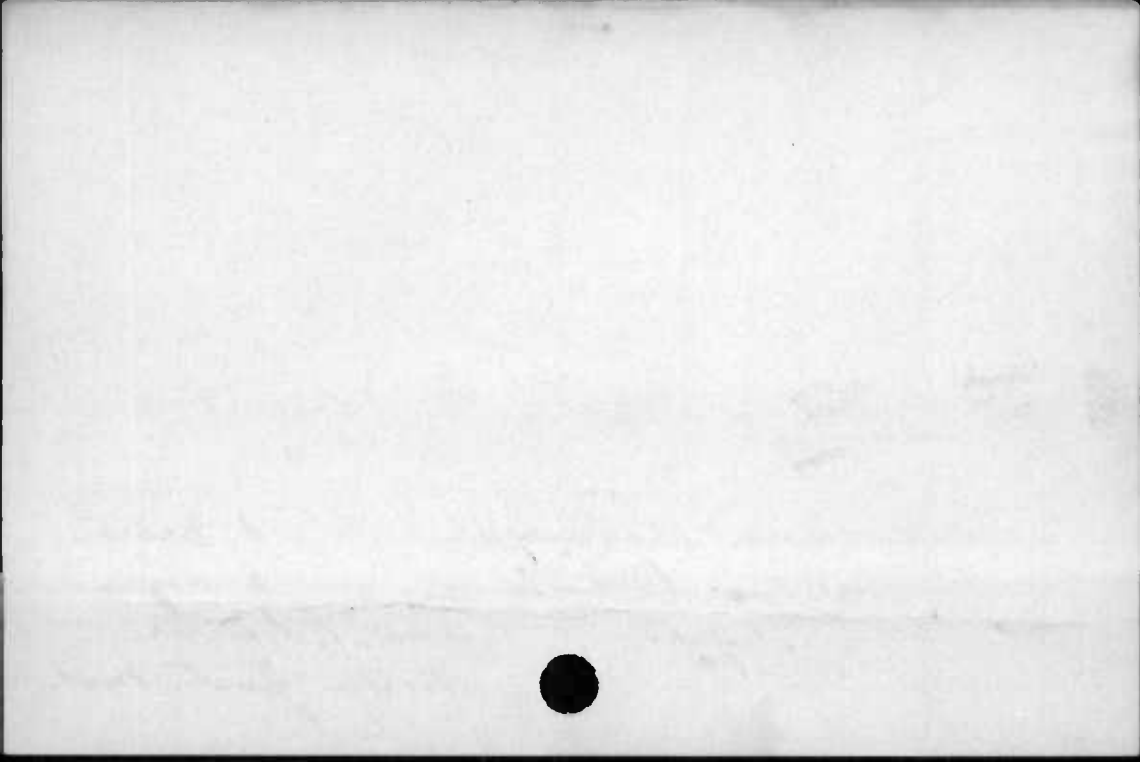
Primary	<u>Apoplexy</u>	How long	<u>Five days</u>
Immediate	<u>recurrent attack</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>Dr. Jarvis &amp; Whittier</u>	
Address		<u>Gettysville Pa</u>	
Accident or Suicide?			

James M. Smith  
- 1844

164



Name in Full		William Cole				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Elk Neck		County Becil		MARYLAND
	Date of death	1906	Month Sep	Day 28 <sup>th</sup>	Age 6	Years	Months Days
	Sex	Male		Color or Race	Colored		Birth- place
	Occupation			Where Residing if not at place of death		Elk Neck	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Harry Cole				Father's Birthplace	Elk Neck
	Mother's Maiden Name	Mollie Briscoe				Mother's Birthplace	Elk Neck
	Name of person giving Information	Harry Cole				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long About 2 years	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address Waverly Place Md		
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

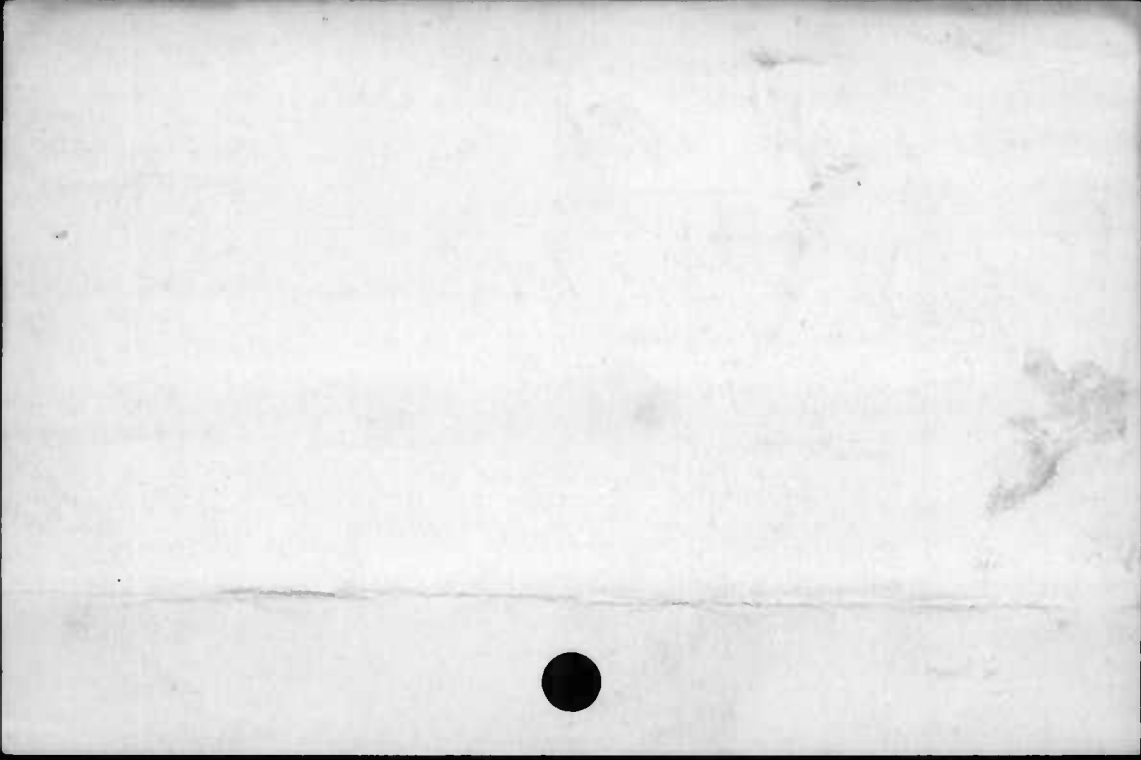
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near North East</i>		Town <i>Civil</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>9</i>	Day <i>19</i>	Years <i>43</i>	Months <i>5</i>	Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bethlehem Pa.</i>			
Occupation <i>Miller &amp; Farmer</i>		Where Residing if not at place of death <i>Near North East</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan W. Foltz</i>					
Father's Name <i>John Foltz</i>		Father's Birthplace <i>Bucks Co. Pa.</i>					
Mother's Maiden Name <i>Maria Lemmer</i>		Mother's Birthplace <i>Bethlehem Pa.</i>					
Name of person giving information <i>Susan W. Foltz</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Asthma Bronchial</i>	How long	<i>2 years.</i>
Immediate	<i>Angina Pectoris</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. F. Miller</i>	
<i>yes.</i>		Address <i>North East, Md.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Lemuel B Foster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Eketon</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	24
Age	76		Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Med</i>	
Where Residing if not at place of death					
Name of Wile or <del>Widow</del>		<i>Elinor L. Foster</i>			
Father's Name		<i>James Foster</i>		Father's Birthplace	<i>Med</i>
Mother's Maiden Name		<i>Margery Rutter</i>		Mother's Birthplace	<i>"</i>
Name of person giving In formation		<i>Arthur Foster</i>		How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Winfred T. Morrison</i>
Yes		Address	<i>Elkton, Md.</i>
Accident or Suicide?			

In East

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Woodlawn* TownCounty *Cecil*Date of death *1906* Month *Sept* Day *4*Age *80* YearsMonths *1*Days *2*Sex *Female*Color or Race *White*Birth-place *Ireland*

Occupation

Where Residing if not at place of death

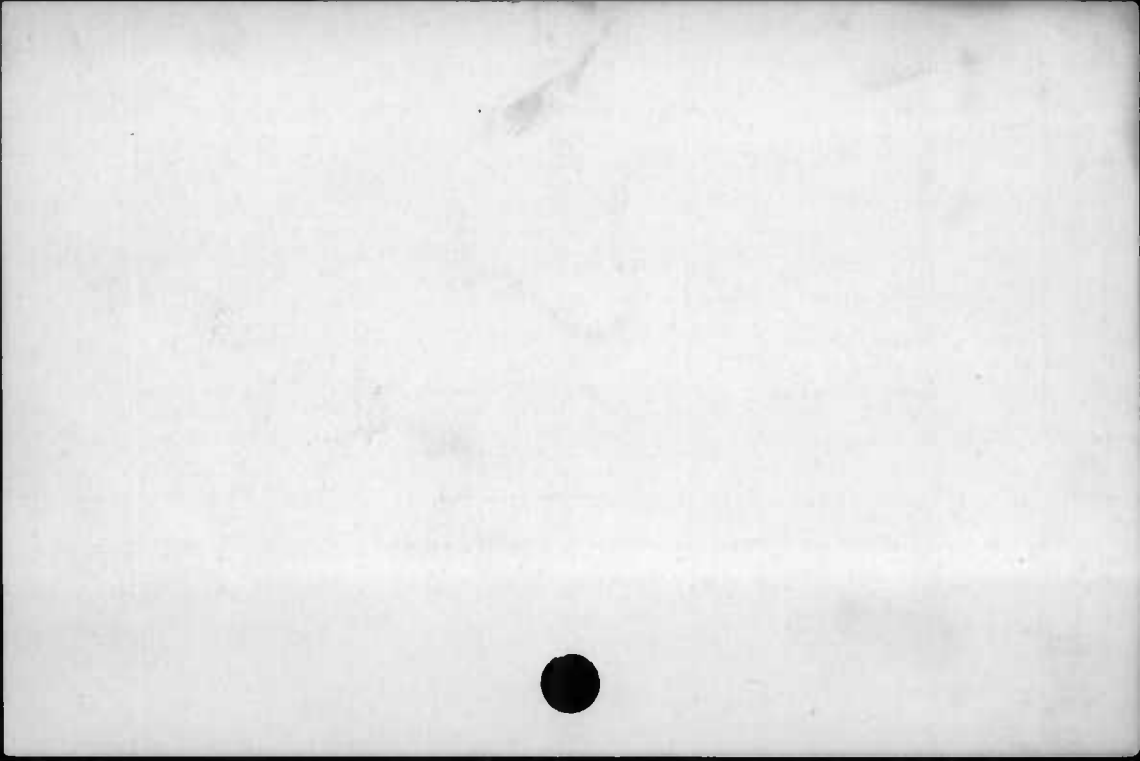
Married, Single or Widowed *Widowed*Name of Wife or Husband *Geo Gourley*Father's Name *John Peoples*Father's Birthplace *Ireland*Mother's Maiden Name *Elizabeth*Mother's Birthplace *"*Name of person giving information *Elizabeth Jackson*How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *old age*How long *—*Immediate *In transition*How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W H Brown*Address *Post Office*Accident or Suicide? *—*





Name  
in  
Full

Bartley O. Hargan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept	21	89		6	8
Sex	Male	Color or Race	White	Birth-place		Cecil Co. Md	
Occupation	Carpenter			Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Sarah A. Hargan				
Father's Name	John Hargan					Father's Birthplace	Md.
Mother's Maiden Name	Rebecca Owens					Mother's Birthplace	Md.
Name of person giving information	Sarah Hargan					How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	88 yrs
Immediate	Arteriosclerosis	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. S. Hargan	
Address		Baltimore Md	
Accident or Suicide?			

Interment —  
Bay View  
Ind.

Be E. Mark  
chrome  
Pa.

Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND		
		North East		Cecil				
		Date of death	Month	Day	Age	Years	Months	Days
		1906	Sept.	6th		1	4	3
		Sex	Color or Race	Birth-place				
Male		Coloured		North East				
Occupation		None		Where Residing if not at place of death				
		North East, Md.						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Henry Hills				Father's Birthplace		
						Cecil Co		
Mother's Maiden Name		Stella Mitchell				Mother's Birthplace		
						Cecil Co		
Name of person giving information		Stella Mitchell				How related to deceased		
						Mother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Fecal Impaction				Unknown		
		Peritonitis				How long		
						Two days		
		Immediate						
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician				
				Theo A. Morrall				
				Address				
				North East				
				Md.				
Accident or Suicide?								



Name in Full *Madford Bryan Hudson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

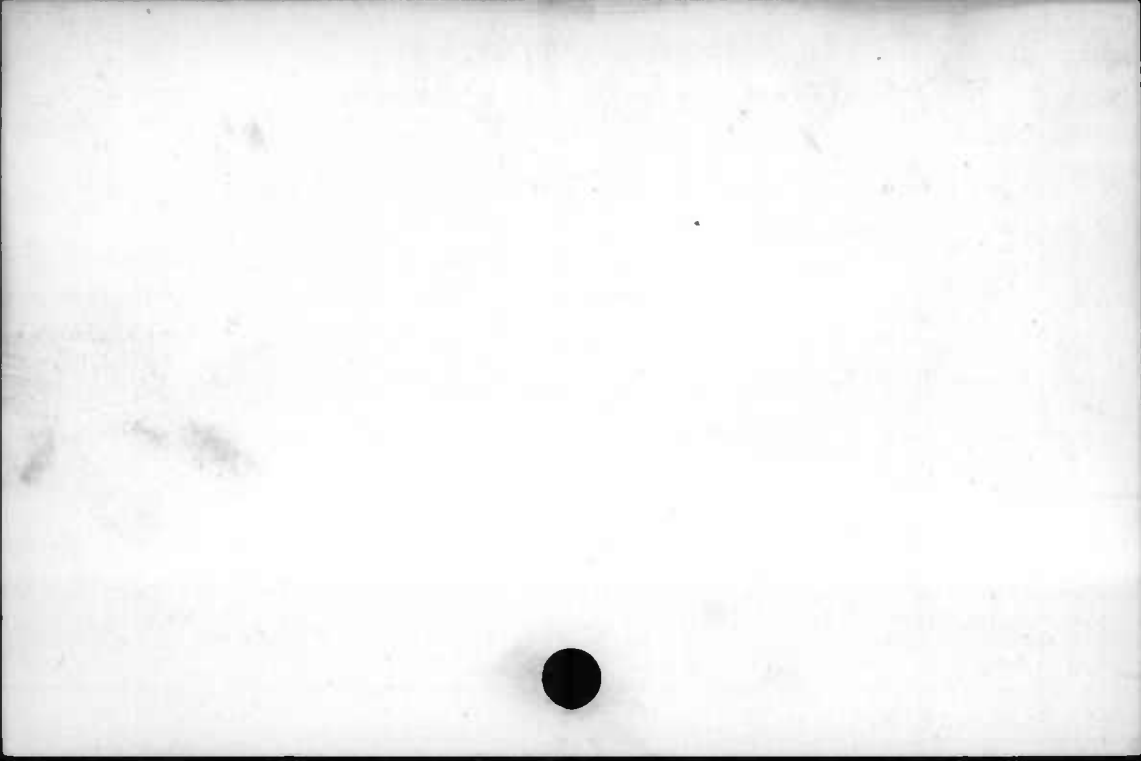
MARYLAND

Died at <i>Bohemia Manor</i>		Town <i>Bohemia Manor</i>		County <i>Accie</i>	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>18</i>	Age <i>X</i>	Years <i>X</i>	Months <i>1 1/2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Bohemia Manor</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Joshua Hudson</i>		Father's Birthplace <i>Bohemia Manor</i>			
Mother's Maiden Name <i>Margaret Bucknott</i>		Mother's Birthplace <i>Chesapeake City</i>			
Name of person giving information <i>Joshua Hudson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>X</i>
Immediate <i>Convulsion</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Karsner</i>
	Address <i>Chesapeake City - Md</i>
Accident or Suicide?	



Name  
in  
Full

*Durham*

*Laurean*

*S Dist*  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Richmond* Town

*Seal* County

MARYLAND

Date of death *1906* Month *9*

Day *3* Age *—* Years

Months *—* Days *—*

Sex *Female*

Color or Race *Black*

Birth-place *Richmond*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *Single*

Name of Wife or Husband *—*

Father's Name *Charles P. Laurean*

Father's Birthplace *Richmond*

Mother's Maiden Name *Kellie*

Mother's Birthplace

Name of person giving information *Charles P. Laurean*

How related to deceased *Sister*

CAUSES OF DEATH

Primary *Still born*

How long *—*

Immediate *—*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. Seaman*

Address *—*

Accident or Suicide? *—*





Name  
in  
Full

## CERTIFICATE OF DEATH

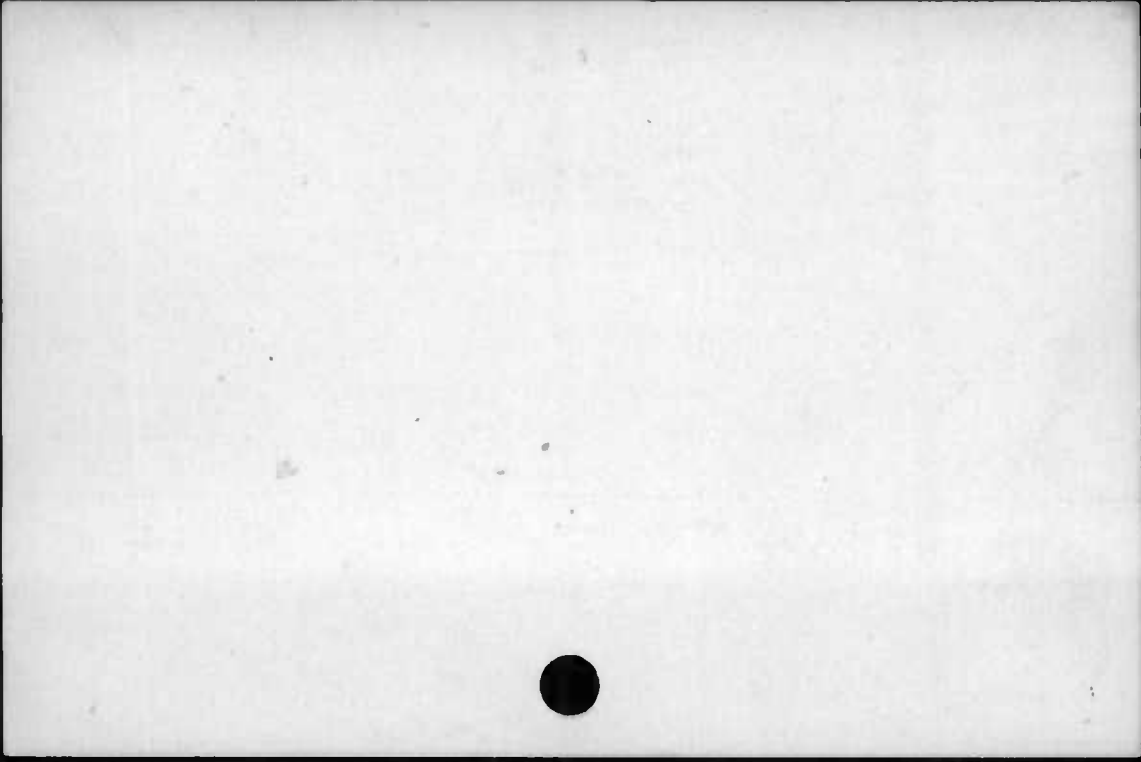
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Timpoint</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>Sept.</i> <sup>Day</sup> <i>2<sup>nd</sup></i> <sup>Years</sup> <i>72</i>		<i>10</i> <sup>Months</sup>		<i>21</i> <sup>Days</sup>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Elkview, Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Timpoint, Md.</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Edward Long</i>				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>James H. Bice</i>		How related to deceased <i>Not at all</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 months</i>
Immediate <i>Paralysis 3<sup>rd</sup> attack</i>	How long <i>Two minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. B. Lang, M.D.</i>
	Address <i>Chesapeake City, Md.</i>
Accident or Suicide?	



Name  
in  
Full

John B Lunn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *near Chesapeake City* TownCounty *Cecil*

MARYLAND

Date  
of death *1906*Month *9*Day *24*

Age

Years *60*Months *X*Days *X*

Sex

*Male*Color or  
Race*White*Birth-  
place*Cecil Co*

Occupation

*Farmer*Where Residing if not  
at place of death*X*~~Married, Single~~  
or WidowedName of Wife or  
Husband*X*Father's  
Name*Isaac A Lunn*Father's  
Birthplace*Delaware*Mother's  
Maiden Name*Deborah Alls*Mother's  
Birthplace*Ida*Name of person giving  
In formation*Mary Lunn*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Heart Lesion*

How long

*10 years or more*

Immediate

*Heart simply quit*

How long

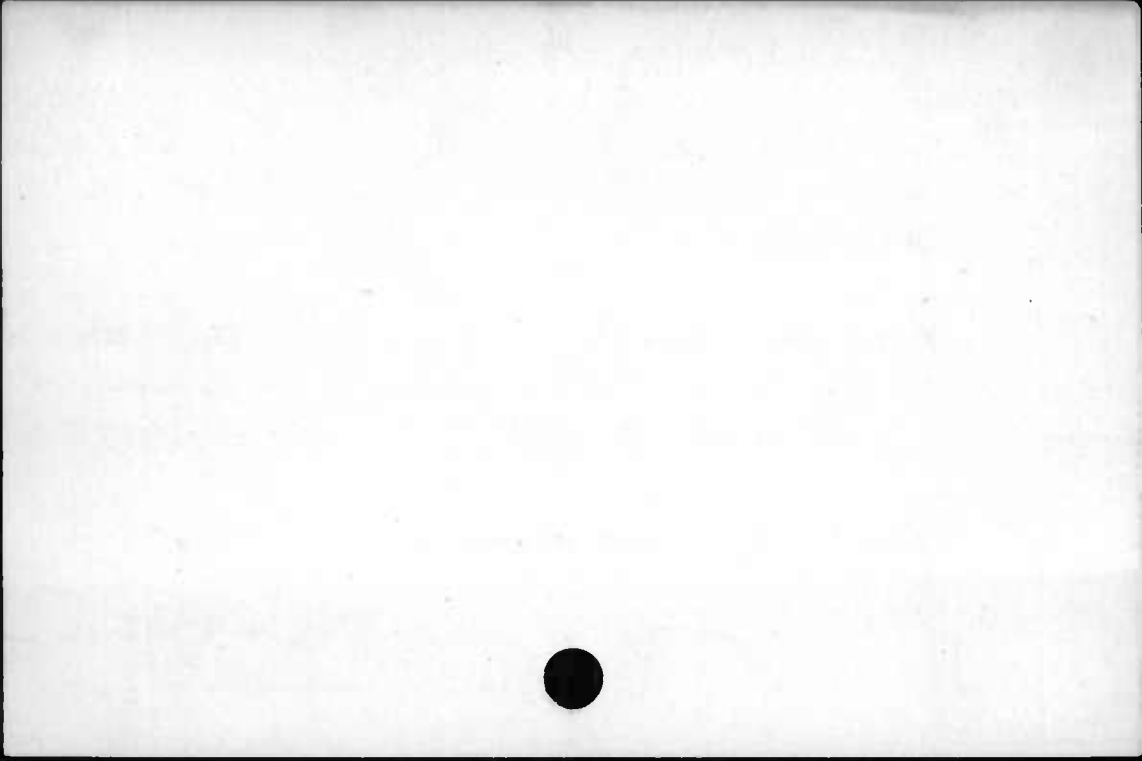
*X*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*W C Karsner*

Address

*Chesapeake City Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Adrian Mackey*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Providence</i>		Town <i>Providence</i>		County <i>Bedle</i>			
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>5th</i>	Age <i>59</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fair Hill</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Syracuse</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emilia Mackey</i>						
Father's Name <i>John Mackey</i>	Father's Birthplace <i>York/Unknown</i>						
Mother's Maiden Name <i>Andrew</i>	Mother's Birthplace <i>Lancaster, Co Pa</i>						
Name of person giving information <i>Mattie Smith</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mastoiditis</i>	How long <i>16</i>	<i>50 yrs -</i>
Immediate <i>Meningitis</i>	How long <i>2 days</i>	<i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Z. [Signature]</i>	
	Address <i>Green Mt</i>	
Accident or Suicide?		

Shore.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	Month	Day	Year	Months	Days
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Bucks Co Pa	
Married, Single or Widowed		Widow		Name of Wife or Husband		Gwin	
Father's Name		Jeremiah Rittenhouse		Father's Birthplace		Bucks Co Pa	
Mother's Maiden Name		Unknown		Mother's Birthplace		Pa	
Name of person giving information		Rudger Gufford		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Leukemia	How long	10 yrs
Immediate	Cancer	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. Gufford
		Address	Grove Md
Accident or Suicide?			

His brother's name  
Wm. L. Mearns



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Albert McMillen</i>		Town <i>Leombard</i>		County <i>Cecil</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>10</i>		Years <i>1</i>	
Date of death <i>1906</i>		Month <i>9</i>		Day <i>10</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lion Md</i>		Months <i>2</i>	
Occupation		Where Residing if not at place of death <i>Leombard Md</i>		Days <i>28</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Jacob McMillen</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Bessie Robey</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Jacob McMillen</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Sepsis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. R. Sifford</i>
	Address <i>Leombard Md</i>
Accident or Suicide?	

I do not know how  
long this was sick  
It died 6 hours after  
I first saw it -  
J. H. Mufford

Name  
In  
Full

Theodore R McMullin

70th St  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Port Deposit <sup>County</sup> Cecil

Date of death 1906 <sup>Month</sup> Sept <sup>Day</sup> 11 <sup>Age</sup> 1 <sup>Years</sup> 7 <sup>Months</sup> 7 <sup>Days</sup>

Sex male Color or Race Black Birth-place Port Deposit

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William McMullen

Father's Birthplace Perryville

Mother's Maiden Name Clara Warfield

Mother's Birthplace Port Deposit

Name of person giving information Mrs Clara McMullen

How related to deceased Mother

CAUSES OF DEATH

Primary Anterior Immediate Infection

105

How long 3 weeks How long

Are the name, age, sex, color, date and place correctly given above?

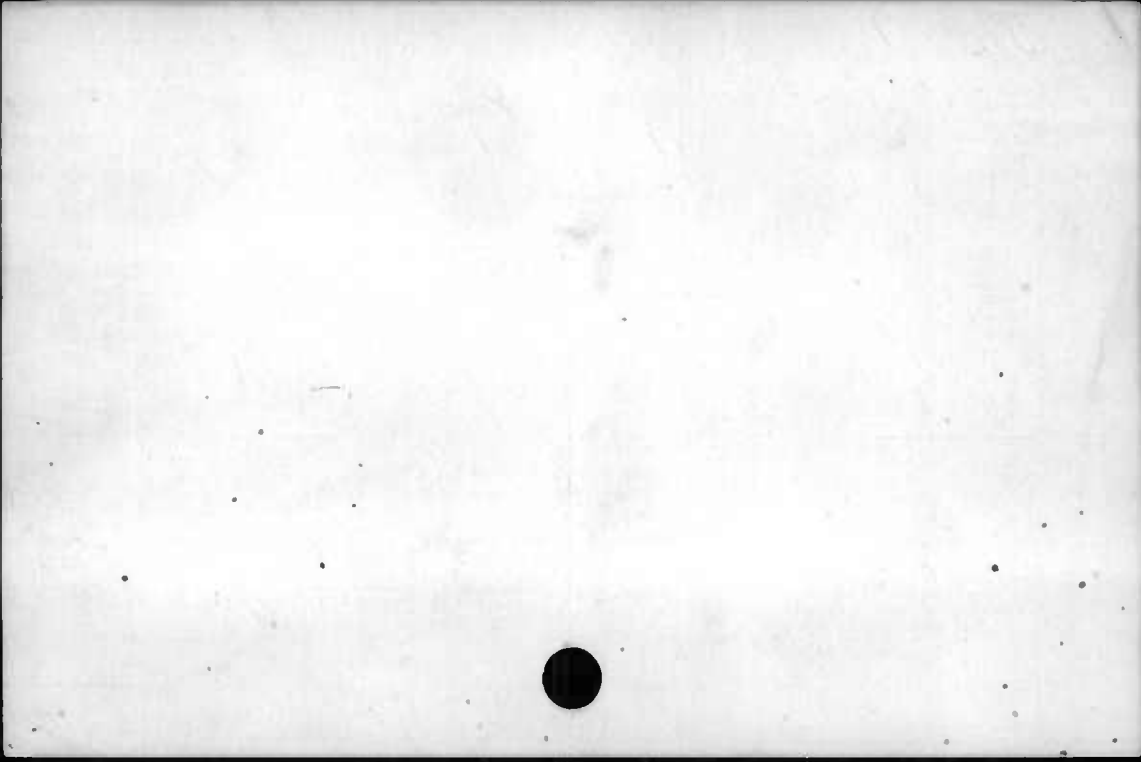
Signature of Physician

Address

yes

J. F. Brown Port Deposit Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Martha Murphy</i>		Town <i>Charleston</i>		County <i>Deed</i>		MAYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1906 Sept 1</i>		<i>4</i>				<i>4</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Charleston</i>					
Occupation		Where Residing if not at place of death <i>Charleston</i>							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name <i>Harry C. Murphy</i>		Father's Birthplace <i>Charleston</i>							
Mother's Maiden Name <i>Bertha McGee</i>		Mother's Birthplace <i>North East</i>							
Name of person giving information <i>Harry C. Murphy</i>		How related to deceased <i>father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Jaundice**(151)*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Edward T. Richardson

## CERTIFICATE OF DEATH

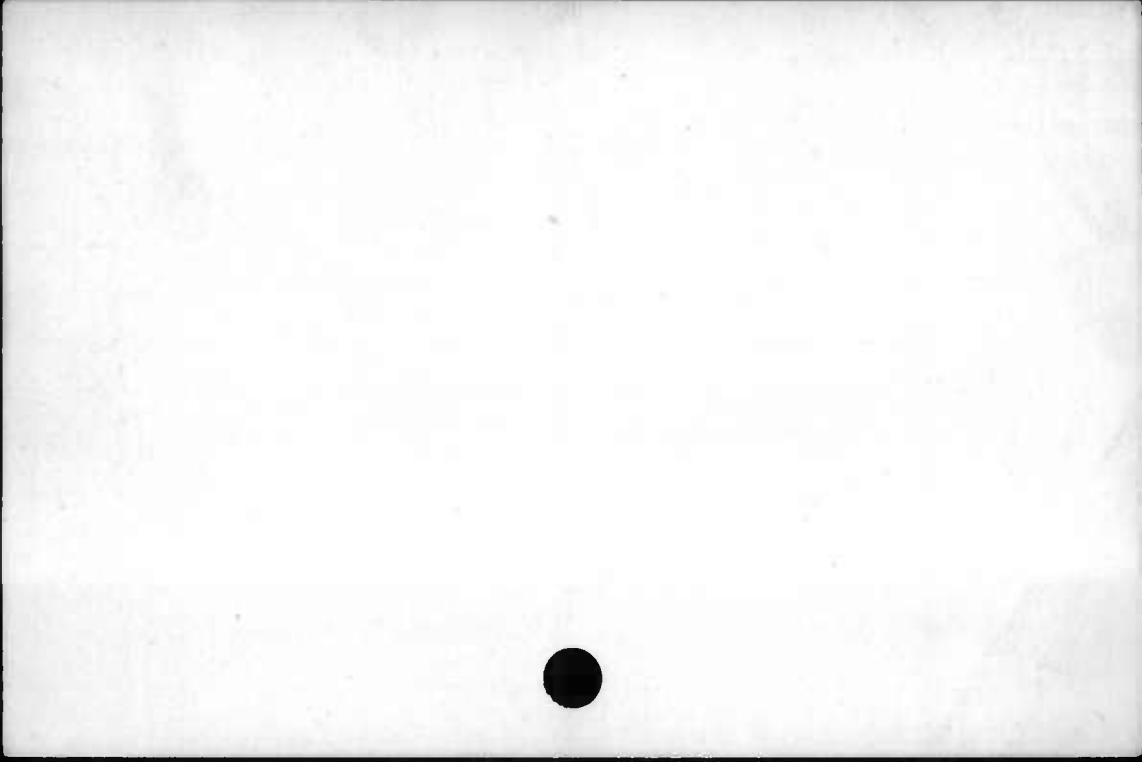
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Puzville</i>		Town	County		MARYLAND	
Date of death <i>1906 Sept.</i>		Month	Day <i>14th</i>	Age <i>25</i>	Years	Months
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Puzville</i>		
Occupation <i>Fireman P. B. &amp; M. R. R.</i>		Where Residing If not at place of death <i>Puzville</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband				
Father's Name <i>Edward T. Richardson</i>		Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Martha V. Richardson</i>		Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Geo. H. Richardson</i>		How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Killed by Engine on</i>	How long
Immediate	<i>P. B. &amp; M. Rail Road</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Ricketts Nelson</i>
		Address <i>Corona Civil Co. Md</i>
		<i>Elkton, Maryland</i>
Accident or Suicide?	<i>Accident</i>	





Name  
in  
Full

Mr. George S. Rittenhouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>North East</u> <sup>Town</sup>		<u>Beck</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Sept.	Day	22
Age		50		Years	
Sex	Male	Color or Race	White	Birth-place	Kingston N.J.
Occupation	Physician		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lida V. Rittenhouse		
Father's Name	Abraham Rittenhouse		Father's Birthplace	Jersey	
Mother's Maiden Name	Sarah Abrah		Mother's Birthplace	Jersey	
Name of person giving information	Lida V. Rittenhouse		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary tuberculosis	How long	4 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Theo. A. Morrall	
		Address	
		North East	
		Med.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Port Deposit</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	190	Month	Sept	Day	29	Age	44
Sex	Male	Color or Race	Colored	Birth-place	Cecil Co	Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Rachel A Robinson				
Father's Name	Teris Robinson			Father's Birthplace	Cecil Co		
Mother's Maiden Name	Jane White			Mother's Birthplace	" "		
Name of person giving information	Rachel A Robinson			How related to deceased	Wife		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary</i>	How long	<i>6 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	<i>[Signature]</i>		
Address	<i>Port Deposit, Md</i>		
Accident or Suicide?	No		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

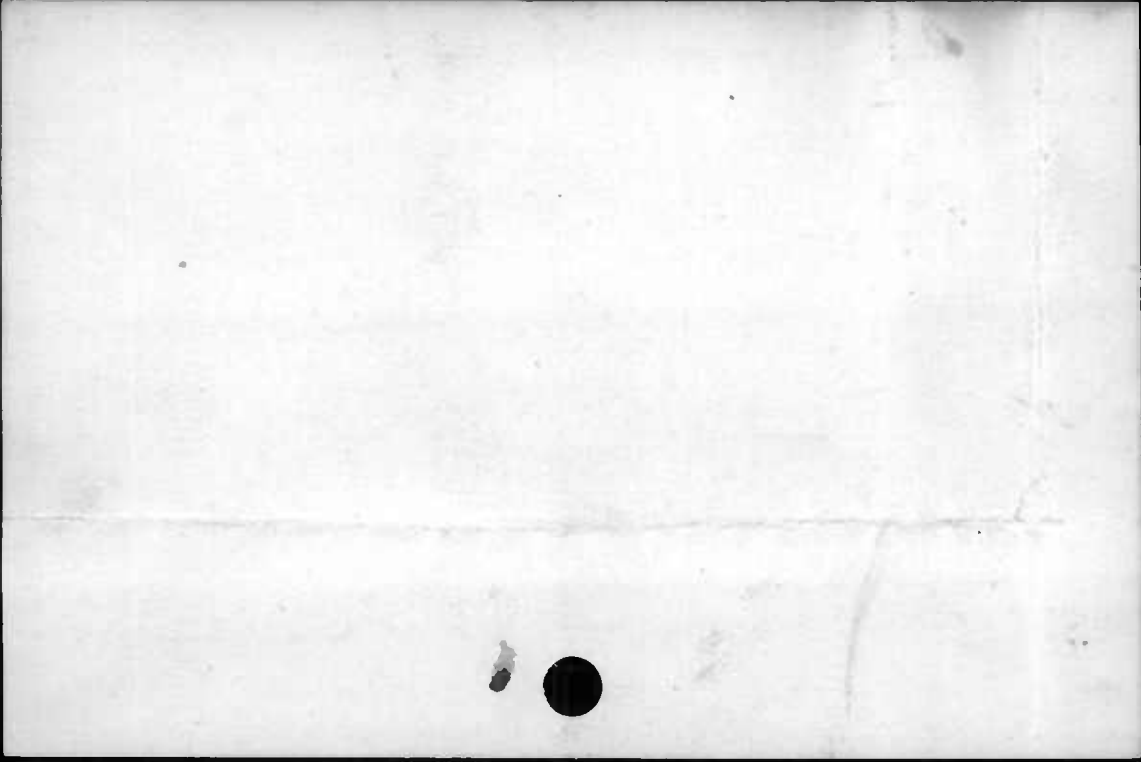
MARYLAND

Died at <i>Near Blake</i>		Town <i>Blake</i>		County <i>Cecil</i>	
Date of death	1906	Month	Sept	Day	4
Age	44	Years	44	Months	1
Sex	Female	Color or Race	Black	Birth-place	Near Calvert
Occupation	Housewife	Where Residing if not at place of death <i>Near Blake, Md.</i>			
Married, Single or Widowed	Married	Name of Wife or Husband <i>Wm S Smith</i>			
Father's Name	<i>Benjamin Gale</i>			Father's Birthplace	<i>Crockett, Md.</i>
Mother's Maiden Name	<i>Harriett Grant</i>			Mother's Birthplace	<i>Near Calvert</i>
Name of person giving information	<i>Wm S Smith</i>			How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Confinement</i>	How long	<i>3 weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Chas. F. Miller</i>
		Address	<i>North East</i>
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Elfton</i>		Town <i>Elfton</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept.</i>		Day <i>18</i>		Age <i>65?</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <input checked="" type="checkbox"/>			
Occupation <input checked="" type="checkbox"/>		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <input checked="" type="checkbox"/>		Father's Birthplace <input checked="" type="checkbox"/>					
Mother's Maiden Name <input checked="" type="checkbox"/>		Mother's Birthplace <input checked="" type="checkbox"/>					
Name of person giving information <input checked="" type="checkbox"/>		How related to deceased <input checked="" type="checkbox"/>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ricketta Nelson</i>
	Address <i>Coroner of Cecil Co. Elfton, Md</i>
Accident or Suicide?	

Alubansa



Name  
in  
Full

CERTIFICATE OF DEATH

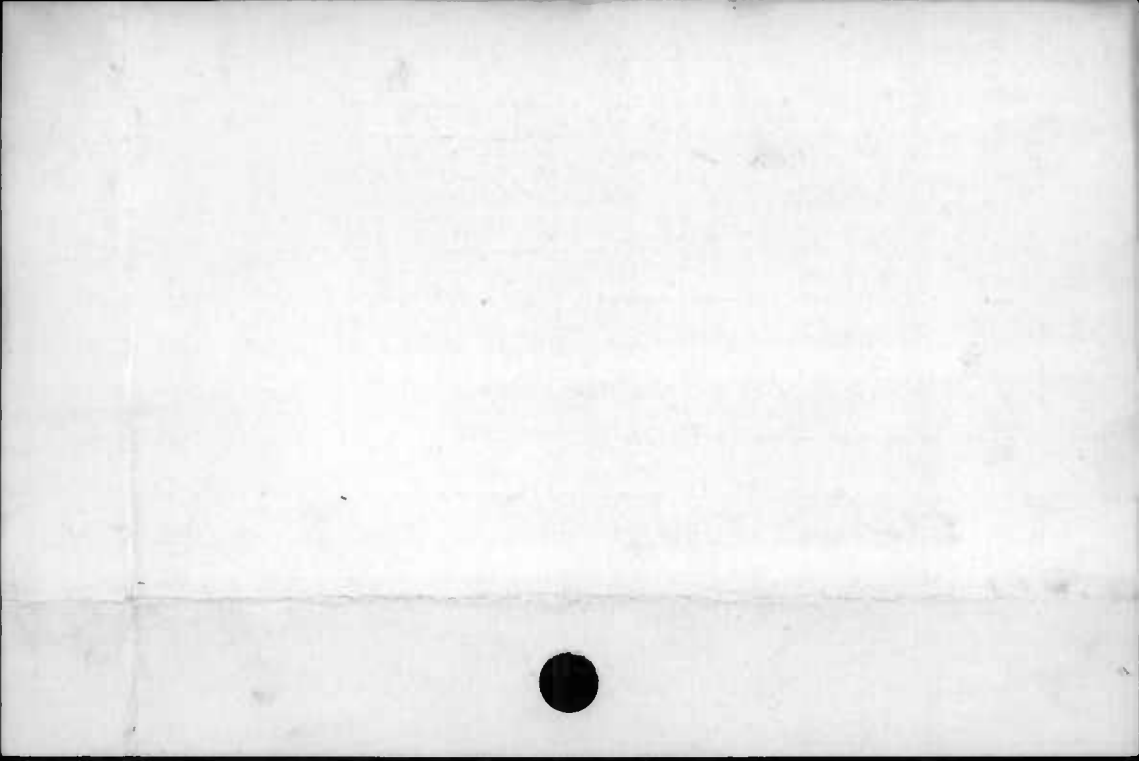
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Providence</u> Town <u>Cecil</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>Sept</u> Day <u>19</u> Age <u>      </u> Years	Months <u>3</u>	Days <u>14</u>	
Sex <u>male</u>	Color or Race <u>White</u>	Birthplace <u>Providence, Md</u>	
Occupation <u>      </u>	Where Residing if not at place of death <u>Providence</u>		
Married, Single or Widowed <u>      </u>	Name of Wife or Husband <u>      </u>		
Father's Name <u>Charles R. Steward</u>	Father's Birthplace <u>Calvert, Md</u>		
Mother's Maiden Name <u>Bertha Mark</u>	Mother's Birthplace <u>Singary, Md</u>		
Name of person giving information <u>Charles R. Steward</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>105</u>	How long <u>2 or 3 days</u>
Immediate <u>Exhaustion</u>		
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Lee Jarvis A Whitten</u>	
	Address <u>Lehrsville Pa</u>	
Accident or Suicide? <u>      </u>		



Name  
in Full

Franklin Richardson Tome

## CERTIFICATE OF DEATH

MARYLAND

Died at

Frenchtown

Town

Cecil

County

Date

of death 1906

Month

9 -

Day

12

Year

1890

Months

Days

Sex

Male

Color or Race

White

Birth-place

Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Samuel Tome

Father's Birthplace

Harford Co Md

Mother's Maiden Name

Emma Wardell

Mother's Birthplace

Cecil Co Md

Name of person giving information

Emma Tome

How related to deceased

brother

## CAUSES OF DEATH

Primary

Eclampsia

How long

short - 3 days

Immediate

Progressive Cardiac Asthenia

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

L. G. Taylor

Address

Perryville, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mr. Clifton Jackson

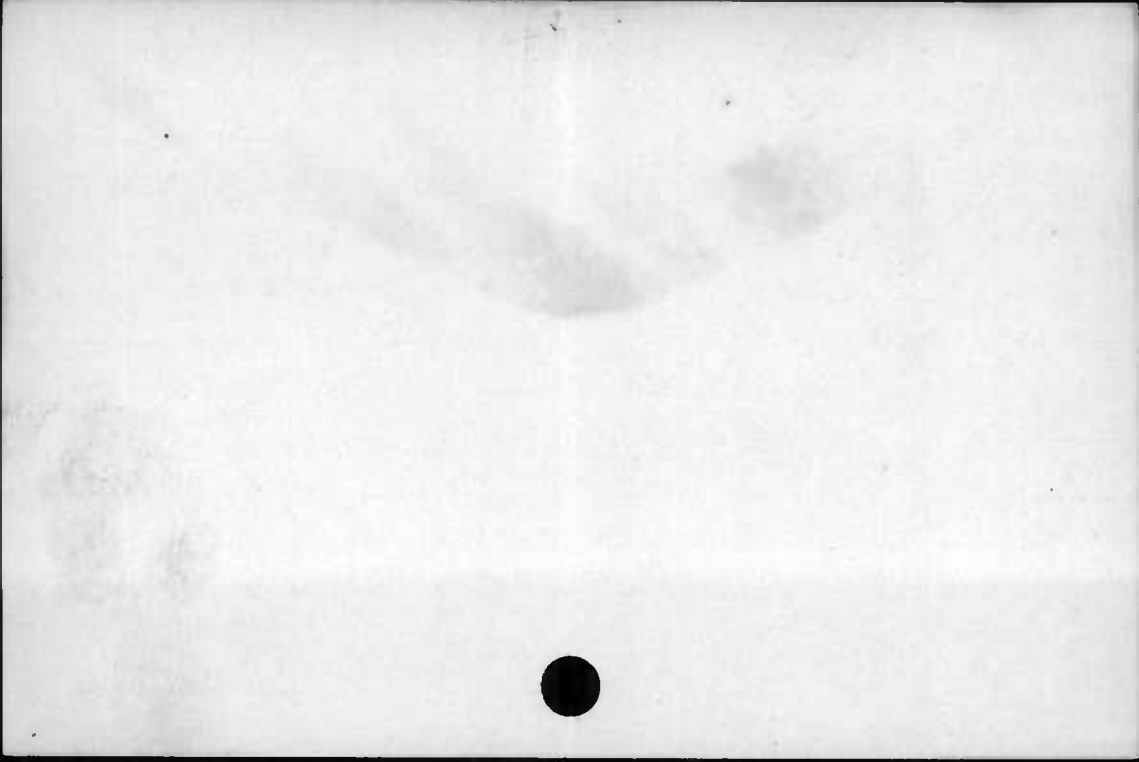
Name  
in  
Full

## CERTIFICATE OF DEATH

Died at <i>Cecil</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND			
Date of death	<i>1906</i>	Month <i>9</i>	Day <i>28</i>	Age <i>30</i>	Years <i>30</i>	Months <i>X</i>	Days
Sex	<i>Male</i>		Color or Race	<i>Negro</i>		Birth-place	<i>Ind</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		<i>Cecil Ind</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Lda Turner</i>		
Father's Name	<i>John Wilkinson</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Anna Miller</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Arroy Sincere</i>				How related to deceased	<i>None</i>	

## CAUSES OF DEATH

Primary	<i>Prostatitis</i>	How long	<i>15 months</i>
Immediate	<i>Inflammation of Bowels</i>	How long	<i>Five or Six Days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>don't know</i>	Signature of Physician	<i>E. M. Crawford</i>
		Address	<i>Cecil Ind</i>
Accident or Suicide?			



Name  
in  
Full

India Wilson

## CERTIFICATE OF DEATH

Died at

Port Deposit

County

Cecil

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

Sept

26

Age

68

Sex

Female

Color or  
Race

White

B  
P

Port Deposit Md

Occupation

Housekeeping

W

If not

Married, Single  
or Widowed

Widowed

Husband

Wm Wilson

Father's  
Name

Isiah Laurence

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Sarah f Harp

Mother's  
Birthplace

Del

Name of person giving  
In formation

Leticia Brown

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Pneumonia

(43)

How long

2 yrs

Immediate

Brain tumor

How long

2 wks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J J Brown  
Port Deposit  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Unknown White Infant

Died at

Port Deposit

Town

County

Becil

MARYLAND

Date

of death 1906

Month

Sept.

Day

Age

Years

6 months?

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

✓

Occupation

✓

Where Residing if not  
at place of deathMarried, Single  
or Widowed

✓

Name of Wife or  
Husband

✓

Father's  
Name

✓

Father's  
Birthplace

✓

Mother's  
Maiden Name

✓

Mother's  
Birthplace

✓

Name of person giving  
In formation

-

How related  
to deceased

✓

## CAUSES OF DEATH

Primary

Body found snapped in

How long

How long

Immediate

in Chesapeake Bay

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Rickotts Nelson

Address

Corona Cecil Co.  
Elkton, Md.PHYSICIAN  
OR CORONER

Accident or Suicide?

